

<b>Case Number:</b>	CM15-0007571		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	06/10/2014
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58-year-old female with a reported injury on 06/10/2014. The mechanism of injury was a motor vehicle accident. Her diagnoses were noted to include cervicalgia, shoulder arthralgia and cervical myofascial sprain/strain. Her other therapies have included activity modification, medication, physical therapy and heat/cold therapy. Her diagnostic testing has included an MRI of the cervical spine in 09/2014 and x-rays of the neck on 10/08/2014; however, those reports were not provided for review. No pertinent surgical history was provided. The injured worker was evaluated on 12/02/2014 for an orthopedic re-evaluation. The injured worker had completed 2 sessions of authorized physical therapy and reported increased pain and stiffness in the neck and thoracic spine. The injured worker had been using heat and Advil for pain relief. Physical examination revealed abnormal posture. There was 2+ tenderness to the paravertebral musculature and trapezius muscle. Motor strength testing was not provided. Cervical mobility was measured at 20 degrees of flexion and 5 degrees of extension, with 15 degrees of bilateral lateral bending and 45 degrees of bilateral rotation. Sensory examination was normal. The clinician indicated that a cervical spine x-ray on 11/04/2014 revealed loss of normal curvature and minimal degenerative disc disease changes. The clinician's treatment plan was to continue physical therapy, a home exercise program, refill medication and followup in 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Additional Physical Therapy 2x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99-100..

**Decision rationale:** The request for additional physical therapy 2 x6 is not medically necessary. The patient continued to complain of pain with physical therapy. The California MTUS Chronic Pain Guidelines recommend physical therapy in the amount of 8 to 10 visits over 4 to 8 weeks. The injured worker had completed 2 of an unspecified number of approved physical therapy visits. An additional course of physical therapy is not indicated without documented benefit from the initial course of therapy. As such, the requested service is not supported. Therefore, the request for additional physical therapy 2 x6 is not medically necessary.